



Docket: 7158.01

1631

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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| Applicant Named: | Eric Henderson                           | AUG 14 2001<br>TECH CENTER 1631 2301<br>Examiner: J. Fredman<br>Group Art Unit: 1631 |
| Inventor:        |  |  |
| Application No.: | 09/519,271                               |  |
| Filing Date:     | March 7, 2001                            |  |
| Title:           | A Method For Solid State Genome Analysis |  |

## TRANSMITTAL LETTER

Assistant Commissioner for Patents  
Washington, D.C. 20231

I hereby certify that this document is being sent via First Class U. S. mail addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this 9 day of August, 2001.

Francis J. Roll  
(Signature)

Dear Sir:

The following documents are enclosed in connection with the above-referenced patent application:

1. Fee Determination Record;
2. Amendment and Response; and
3. Return Receipt Postcard.

Respectfully submitted,

DORSEY & WHITNEY LLP

Date: 8-9-01

By: Scott A. Marks  
Scott A. Marks (Reg. No. 44,902)  
Pillsbury Center South  
220 South Sixth Street  
Minneapolis, Minnesota 55402-1498  
Telephone: 612-752-7314

# **FEE DETERMINATION RECORD** (After Claims Amendment)



Complete if Known

|                      |                |
|----------------------|----------------|
| Application No.      | 09/519,271     |
| Filing Date          | March 7, 2000  |
| First Named Inventor | Eric Henderson |
| Group Art Unit       | 1631           |
| Examiner Name        | J. Fredman     |
| Atty. Docket Number  | 7158.01        |

Claims as Amended in Response to Office Action dated: May 9, 2001

| METHOD OF PAYMENT (Check One)   |                                    | FEE CALCULATION (Continued)  |                                    |   |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
|---|------------------------------------|--|------------------------------------|---|-----------------------|-----------------------|-----------------------|-----------------|----------|----------|----------|----------|----|--|----------|----------|--|-----|-----|---|-----|---------------------|-----|-----|-----|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------|---|----|-----|-------|------------------------|-----|--|-----|-----|-----------------------------------|-----|-----|--|-----|--------------------------|-----|-----|-----|--------------------------|---|-----|-----|-----|----|---|--|-----|----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|---|--|-----|-----|-----|-----|-------------------------------|--|-----|-----|-----|-----|-------------------|--|-----|-----|-----|-----|---|--|---------------------|--|--|--|--|--|---------------------|--|--|--|--|--|---------------------------------|--|--|--|--|---------------|
| <p>1 <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br/>Deposit Account No.: 04-1420<br/>Deposit Account Name: <u>DORSEY &amp; WHITNEY LLP</u></p> <p><input type="checkbox"/> Charge any additional fee required under 37 C.F.R. 1.16 and 1.17<br/><input type="checkbox"/> Applicant claims small entity status (see 37 C.F.R. 1.27)</p> <p>2 <input type="checkbox"/> Check Enclosed</p>   |                                    | <p>3. <b>ADDITIONAL FEES</b></p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee paid</th> </tr> </thead> <tbody> <tr> <td>115</td> <td>110</td> <td>215</td> <td>55</td> <td>Extension for reply within first month</td> <td></td> </tr> <tr> <td>116</td> <td>390</td> <td>216</td> <td>195</td> <td>Extension for reply within second month</td> <td></td> </tr> <tr> <td>117</td> <td>890</td> <td>217</td> <td>445</td> <td>Extension for reply within third month</td> <td></td> </tr> <tr> <td>118</td> <td>1,390</td> <td>218</td> <td>695</td> <td>Extension for reply within fourth month</td> <td></td> </tr> <tr> <td>128</td> <td>1,890</td> <td>280</td> <td>945</td> <td>Extension for reply within fifth month</td> <td></td> </tr> <tr> <td>120</td> <td>310</td> <td>220</td> <td>155</td> <td>Filing a brief in support of an appeal</td> <td></td> </tr> <tr> <td>121</td> <td>260</td> <td>270</td> <td>135</td> <td>Request for oral hearing</td> <td></td> </tr> <tr> <td>148</td> <td>110</td> <td>248</td> <td>55</td> <td>Terminal Disclaimer Fee</td> <td></td> </tr> <tr> <td>140</td> <td>10</td> <td>240</td> <td>55</td> <td>Petition to revive – unavoidable</td> <td></td> </tr> <tr> <td>141</td> <td>1,240</td> <td>241</td> <td>620</td> <td>Petition to revive – unintentional</td> <td></td> </tr> <tr> <td>142</td> <td>1,240</td> <td>242</td> <td>620</td> <td>Utility/Reissue issue fee (inc. advance copies)</td> <td></td> </tr> <tr> <td>122</td> <td>130</td> <td>122</td> <td>130</td> <td>Petitions to the Commissioner</td> <td></td> </tr> <tr> <td>126</td> <td>180</td> <td>126</td> <td>180</td> <td>Submission of IDS</td> <td></td> </tr> <tr> <td>179</td> <td>710</td> <td>279</td> <td>355</td> <td>Request for Continued Examination (RCE)</td> <td></td> </tr> <tr> <td colspan="5">Other fee (specify)</td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>Subtotal (2)</b></td> <td></td> </tr> <tr> <td colspan="5" style="text-align: right;"><b>Total Amount of Payment:</b></td> <td><b>\$0 00</b></td> </tr> </tbody> </table> |                                    | Large Entity Fee Code                                   | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | Fee paid | 115      | 110      | 215      | 55 | Extension for reply within first month |          | 116      | 390  | 216 | 195 | Extension for reply within second month |     | 117                 | 890 | 217 | 445 | Extension for reply within third month |                       | 118                   | 1,390                 | 218                   | 695             | Extension for reply within fourth month |    | 128 | 1,890 | 280                    | 945 | Extension for reply within fifth month |     | 120 | 310                               | 220 | 155 | Filing a brief in support of an appeal |     | 121                      | 260 | 270 | 135 | Request for oral hearing |   | 148 | 110 | 248 | 55 | Terminal Disclaimer Fee                                 |  | 140 | 10 | 240 | 55 | Petition to revive – unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive – unintentional |  | 142 | 1,240 | 242 | 620 | Utility/Reissue issue fee (inc. advance copies) |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 126 | 180 | 126 | 180 | Submission of IDS |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | Other fee (specify) |  |  |  |  |  | <b>Subtotal (2)</b> |  |  |  |  |  | <b>Total Amount of Payment:</b> |  |  |  |  | <b>\$0 00</b> |
| Large Entity Fee Code   | Large Entity Fee (\$)              | Small Entity Fee Code  | Small Entity Fee (\$)              | Fee Description   | Fee paid              |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 115   | 110                                | 215  | 55                                 | Extension for reply within first month                  |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 116   | 390                                | 216  | 195                                | Extension for reply within second month                 |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 117   | 890                                | 217  | 445                                | Extension for reply within third month                  |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 118   | 1,390                              | 218  | 695                                | Extension for reply within fourth month                 |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 128   | 1,890                              | 280  | 945                                | Extension for reply within fifth month                  |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 120   | 310                                | 220  | 155                                | Filing a brief in support of an appeal                  |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 121   | 260                                | 270  | 135                                | Request for oral hearing                                |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 148   | 110                                | 248  | 55                                 | Terminal Disclaimer Fee                                 |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 140   | 10                                 | 240  | 55                                 | Petition to revive – unavoidable                        |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 141   | 1,240                              | 241  | 620                                | Petition to revive – unintentional                      |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 142   | 1,240                              | 242  | 620                                | Utility/Reissue issue fee (inc. advance copies)         |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 122   | 130                                | 122  | 130                                | Petitions to the Commissioner                           |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 126   | 180                                | 126  | 180                                | Submission of IDS                                       |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 179   | 710                                | 279  | 355                                | Request for Continued Examination (RCE)                 |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| Other fee (specify)   |                                    |  |                                    |   |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| <b>Subtotal (2)</b>   |                                    |  |                                    |   |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| <b>Total Amount of Payment:</b>   |                                    |  |                                    |   | <b>\$0 00</b>         |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| <p><b>2. EXTRA CLAIM FEES</b></p> <table border="1"> <thead> <tr> <th>Claims Remaining after Amendment</th> <th>Highest Number Previously Paid for</th> <th>Present Extra</th> <th>Fee from Below</th> <th>Additional Fee</th> </tr> </thead> <tbody> <tr> <td>Total 26</td> <td>31</td> <td>= 0</td> <td>x \$0 00</td> <td>= \$0 00</td> </tr> <tr> <td>Indep. 3</td> <td>3</td> <td>= 0</td> <td>x \$0 00</td> <td>= \$0 00</td> </tr> <tr> <td colspan="4">First Presentation of Multiple Dependent Claim</td> <td>x -</td> </tr> <tr> <td colspan="4" style="text-align: right;"><b>Subtotal (1)</b></td> <td><b>\$0 00</b></td> </tr> </tbody> </table><br><table border="1"> <thead> <tr> <th>Large Entity Fee Code</th> <th>Large Entity Fee (\$)</th> <th>Small Entity Fee Code</th> <th>Small Entity Fee (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr> <td>103</td> <td>18</td> <td>203</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>102</td> <td>80</td> <td>202</td> <td>40</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>104</td> <td>270</td> <td>204</td> <td>135</td> <td>Multiple dependent Claim</td> </tr> <tr> <td>109</td> <td>80</td> <td>209</td> <td>40</td> <td>Reissue independent claims over original patent</td> </tr> <tr> <td>110</td> <td>18</td> <td>210</td> <td>9</td> <td>Reissue claims in excess of 20 and over original patent</td> </tr> </tbody> </table> |                                    | Claims Remaining after Amendment   | Highest Number Previously Paid for | Present Extra   | Fee from Below        | Additional Fee        | Total 26              | 31              | = 0      | x \$0 00 | = \$0 00 | Indep. 3 | 3  | = 0                                    | x \$0 00 | = \$0 00 | First Presentation of Multiple Dependent Claim |     |     |   | x - | <b>Subtotal (1)</b> |     |     |     | <b>\$0 00</b>                          | Large Entity Fee Code | Large Entity Fee (\$) | Small Entity Fee Code | Small Entity Fee (\$) | Fee Description | 103                                     | 18 | 203 | 9     | Claims in excess of 20 | 102 | 80                                     | 202 | 40  | Independent claims in excess of 3 | 104 | 270 | 204                                    | 135 | Multiple dependent Claim | 109 | 80  | 209 | 40                       | Reissue independent claims over original patent | 110 | 18  | 210 | 9  | Reissue claims in excess of 20 and over original patent |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| Claims Remaining after Amendment  | Highest Number Previously Paid for | Present Extra  | Fee from Below                     | Additional Fee  |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| Total 26  | 31                                 | = 0  | x \$0 00                           | = \$0 00  |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| Indep. 3  | 3                                  | = 0  | x \$0 00                           | = \$0 00  |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| First Presentation of Multiple Dependent Claim  |                                    |  |                                    | x -   |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| <b>Subtotal (1)</b>   |                                    |  |                                    | <b>\$0 00</b>   |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| Large Entity Fee Code   | Large Entity Fee (\$)              | Small Entity Fee Code  | Small Entity Fee (\$)              | Fee Description   |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 103   | 18                                 | 203  | 9                                  | Claims in excess of 20                                  |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 102   | 80                                 | 202  | 40                                 | Independent claims in excess of 3                       |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 104   | 270                                | 204  | 135                                | Multiple dependent Claim                                |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 109   | 80                                 | 209  | 40                                 | Reissue independent claims over original patent         |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |
| 110   | 18                                 | 210  | 9                                  | Reissue claims in excess of 20 and over original patent |                       |                       |                       |                 |          |          |          |          |    |  |          |          |  |     |     |   |     |                     |     |     |     |  |                       |                       |                       |                       |                 |   |    |     |       |                        |     |  |     |     |                                   |     |     |  |     |                          |     |     |     |                          |   |     |     |     |    |   |  |     |    |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |   |  |     |     |     |     |                               |  |     |     |     |     |                   |  |     |     |     |     |   |  |                     |  |  |  |  |  |                     |  |  |  |  |  |                                 |  |  |  |  |               |

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